**SEEK Feedback Form**

*Please complete this form. Your feedback will be valuable in helping improve SEEK.*

**Practice Name: Click or tap here to enter text. Date: Click or tap to enter a date.**

**Address: Click or tap here to enter text.**

**Type of Practice:** [ ]  Pediatric [ ]  Family Medicine [ ]  Other : Click or tap here to enter text.

**Person Completing Form:** Click or tap here to enter text. **Position :** Choose an item.

**Email:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

**Approximate number of children served in your practice:** Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No. in the Practice** | **No. Implementing SEEK** | **No. that Completed SEEK Training** |
| **PCPs (MD, DO, NP, PA)** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Residents** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Behavioral Health Professionals\*** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

\* Social Worker, Psychologist, Psychiatrist, Patient Navigator, Case Manager, Care Manager

**Did anyone in your practice participate in the SEEK MOC 4 / PI Activity?** [ ]  Yes [ ]  No

**For how long has SEEK been implemented in your practice? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Visits when parents complete the SEEK Parent Questionnaire:**

[ ] 1 mo. [ ]  2 mo. [ ]  3 mo. [ ]  4 mo. [ ]  6 mo. [ ]  9 mo. [ ]  12 mo.

[ ]  15 mo. [ ]  18 mo. [ ]  24 mo. [ ]  30 mo. [ ]  48 mo. [ ]  60 mo.

[ ]  Other: Click or tap here to enter text.

**Does your practice have:**

* A system to identify parents for SEEK screening at selected well child visits?[ ]  Yes [ ]  No
* A procedure for giving parents the screener, with instructions? [ ]  Yes [ ]  No
* A plan for those who got a screener before the visit, but didn’t complete it? [ ]  Yes [ ]  No
* A plan for what you’ll do with the completed Parent Questionnaire after visits? [ ]  Yes [ ]  No

**Completed PQs are:** [ ] Compiled for a needs assessment [ ]  Scanned into EHR

 [ ]  Integrated into EHR [ ]  Discarded but use documented

**Do you think your PCPs implementing SEEK regularly administer the screener at the selected visits?**

[ ]  They definitely do [ ]  They probably do [ ]  They possibly do [ ]  Don’t know

**Modalities used:** [ ] Paper and pen[ ]  CHADIS [ ]  Phreesia [ ]  Other: Click or tap here to enter text.

**Do you think your PCPs generally:**

* Are aware of the SEEK Guidelines & Response to Barriers? [ ]  Yes [ ]  No
* Have ready access to these docs (paper or digital)? [ ]  Yes [ ]  No
* Use this info in addressing problems? [ ]  Yes [ ]  No

**Has your practice identified community resources to address SEEK problems?** [ ] Yes [ ]  No

**Do you have a binder or digital folder with the resources?** [ ]  Yes [ ]  No

**Do you have parent handouts on the targeted problems?** [ ]  Yes [ ]  No

**Are the handouts customized with info on local resources?** [ ] Yes [ ]  No

**Do you periodically update the info on community resources?** [ ]  Yes [ ]  No

**Do you think your PCPs and BHPs (if applicable) generally:**

* Are aware of the handouts? [ ]  Yes [ ]  No
* Have easy access to the handouts? [ ]  Yes [ ]  No
* Give these to parents? [ ]  Yes [ ]  No

**Does your practice have procedures for:**

* In-house referrals (within practice, or organization, if applicable)? [ ]  Yes [ ]  No
* Community referrals? [ ]  Yes [ ]  No

**Do you have agreements or established procedures with community-based organizations?** [ ] Yes [ ]  No

**Do you think your PCPs and BHPs generally:**

* Know the procedures? [ ]  Yes [ ]  No
* Follow the procedures? [ ]  Yes [ ]  No

**How has SEEK changed the care provided in your practice?** Click or tap here to enter text.

**Tell us about challenges in implementing SEEK:** Click or tap here to enter text.

**How can SEEK be improved?** Click or tap here to enter text.

**Have you visited the SEEK website (**[**click here**](https://seekwellbeing.org/)**)?** [ ] Yes [ ]  No

 **If ‘yes’, any suggestions?** Click or tap here to enter text.

**Would you like the SEEK poster for a waiting area in English and/or Spanish? To preview** [**click here**](https://seekwellbeing.org/wp-content/uploads/2020/02/SEEK_Parent_Poster_English.pdf)**.**

 [ ]  Yes [ ]  No [ ]  Both

**If ‘yes’, how many English/Spanish SEEK posters would you like:** Click or tap here to enter text.

**Would you like the SEEK parent video? To preview and/or download** [**click here**](https://vimeo.com/374937788)**.**

***Thank you very much for your feedback. It is much appreciated.***

**Please email this form to** **hdubowitz@som.umaryland.edu**